

as group C. The sensitivity of A-DROP, CURB-65, PSI and I-ROAD for death were 12.5, 0, 87.5 and 100% respectively. The positive predictive value of each guideline for death was 33.3, 0, 50 and 72.7% respectively.

Conclusion: Conventional predictive rules might underestimate the severity of non-HIV PCP. I-ROAD would be useful in evaluating the severity of non-HIV PCP.

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Time: 12:45–14:15

Room: Poster & Exhibition Area

Evaluation of fungal colonization in hematopoietic stem cell transplantation

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Background: Systemic candidiasis occurs in patients with hematological disorders. In these patients, invasion of the vascular space with endogenous *Candida* species colonized at mucosal surfaces is often followed by a high risk of disseminated candidiasis. The aim of the present study was to determine the prevalence of *Candida* spp. colonization in body sites of bone marrow transplant (BMT) candidates with hematologic disorders for proper management of these patients.

Methods: Between April 2007 to June 2010, fungal colonization in all BMT were evaluated on admission to the hospital. Midstream urine samples, swabs from mouths and rectal tissues, and sputum (if available) were provided, and cultured on Sabouraud Dextrose Agar. Susceptibility patterns of the isolates to antifungal agents were determined by a broth micro dilution assay.

Results: One hundred eight candidates for BMT were entered in our study. Of the 108 cases, 20 (18.5%) had *Candida* colonization in different sites of their bodies including mouth 15, rectum and mouth 5, and urine 6 cases. The most frequently isolated species detected in the above sites were: *C. albicans* followed by *C. glabrata*, *C. dubliniensis*, *C. krusei*, and *C. parapsilosis*. In some isolates, resistance to amphotericin B, fluconazole and itraconazole was noted.

Conclusion: For the best management of the BMT recipients, earlier information regarding the species and antifungal susceptibility test causing systemic candidiasis can help physicians to select appropriate antifungal agents and regimens to treat the patients.

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Onychomycosis in green tea leaf pluckers: a clinicomycological study

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Background: Onychomycosis is a common superficial fungal infection of nails. Dermatophytes account for most cases of onychomycosis followed by yeast of genus *Candida*. However in a handful of cases, the etiologic agents comprise non-dermatophytic molds which produce disease that is clinically indistinguishable from dermatophytic fungi.

Clinical features and mycological patterns of onychomycosis show variation in time and place. Onychomycosis though not serious in terms of mortality have significant clinical consequences such as chronicity, therapeutic difficulties and aesthetic disfigurement and may also be detrimental to the economy of agro industries like tea as it incapacitates the pluckers who use their fingers for plucking leaves which in turn affect their earning and cause man days loss to the tea industry. The study was undertaken to determine the prevalence of onychomycosis and to study its morphological patterns and mycological profile amongst a special group of workers belonging to the tea industry.

Methods: Tea pluckers from six gardens of two districts in Assam, India were screened clinically for onychomycosis. Participants whose nails were infected were enrolled. Clippings/scrapings from infected nails were taken and subjected to direct microscopy and culture.

Results: Of the 1691 tea pluckers screened, 128 (7.6%) were found to have onychomycosis. Mycological isolates were recovered in 90 (70.3%). Distal and lateral subungual onychomycosis was the most prevalent clinical presentation. Finger nails were most commonly affected. Non-dermatophytic molds (NDM) constituted the predominant isolate (56.6%) followed by dermatophytes (28.8%) and yeast (14.4%).

Conclusion: To the best of our knowledge this is the first prospective clinicomycological study of onychomycosis among green tea pluckers. The unexpectedly high prevalence of non-dermatophytic onychomycosis in our study can be attributed to constant occupation related subclinical trauma as green tea pluckers are a group of agro industry workers who use mainly the thumb and index finger to pluck leaves. The increased prevalence of onychomycosis along with the wide range of organisms now recognized as potential pathogens demands accurate laboratory isolation and identification of the causative fungus so that appropriate treatment can be instituted.

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